

**LABS**[ ] NO 1997 PATIENT SERVICES REVENUE AND/OR PRIOR  
PERIOD ADJUSTMENTS DURING THE REPORT MONTH

**NEW YORK STATE DEPARTMENT OF HEALTH  
1997 PUBLIC GOODS POOL  
FREESTANDING CLINICAL LABORATORIES**

**REPORT OF 1997 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS  
FOR THE MONTH OF \_\_\_\_\_, \_\_\_\_\_**

PROVIDER NAME \_\_\_\_\_ PERMANENT FACILITY IDENTIFIER \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total <b>1997</b> Laboratory Revenue Received, including patient services revenue and all other laboratory revenue			
2. Total <b>1997</b> Net Patient Services Revenue Received, including surcharges (1)			
3. Less Revenue from Laboratory Specimens Drawn or Collected Outside New York State			
4. Less Other Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS and VA			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue from Subscribers of an HMO which Owns and Operates the Laboratory			
e. Grants from the Health Care Initiatives Pool (included above in Line 2)			
f. Government Deficit Financing Grants			
g. Other			
5. Total Other Non-Assessable Revenue (Total 4)			
6. Total Assessable Revenue Line 2 minus (Line 3 plus Line 5)			
7. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 5.98% Payors			
c. All Other Direct Payors (8.18% Payors)			
8. Total Net Assessable Revenue Received from Direct Pay Payors (Total 7)			
9. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 6 minus Line 8) <i>Breakdown on next page, Lines 10 through 14</i>			

(1) Including recoveries received from 1997 accounts receivable previously written off as uncollectible.

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PROVIDER NAME \_\_\_\_\_ PERMANENT FACILITY IDENTIFIER \_\_\_\_\_

**WHOLE DOLLARS ONLY**

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
10. Medicaid-HMO/PHSP/Non-Specified 5.98% Payors		1.0598		
11. Other 5.98% Payors		1.0598		
12. Self-Pay Uninsured, and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0818		
13. Non-Specified 8.18% Payors		1.0818		
14. All Other Non-Direct Payors		1.3218		

15. Total **1997** Assessable Revenue,  
including surcharges (Lines 10 through  
14, Column B)

16. Gross **1997** Surcharges Payable  
(Lines 10 through 14, Column E)

17. Less: Administrative Fee – (2% of Line 14, Column D)

18. Net **1997** Surcharges Payable for the Month - (Line 16 minus Line 17) (Carry this amount forward to the  
Summary Page).

19. Co-pay or Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 19 as co-pay or deductible patient payments for which the patient's  
third-party payor has directly submitted surcharges.